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REISSUE APPLICATION DECLARATION B	Y THE ASSIGNEE	Docket Number (optional) FL12-047							
I hereby declare that:									
My residence and mailing address and citizenship are stated below next to my name.									
I am authorized to act on behalf of the following assignee: Digideal Corporation									
and the title of my position with said assignee is:	ce-President	·							
The entire title to the patent identified below is vested in said assignee.									
Name of Patentee(s): Steven L. Forte, Randy D. Sines									
Patent Number 5,934,998	Date of Patent Issued A	ugust 10, 1999							
Title of Invention Blackjack Game System and	l Methods								
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is									
described and claimed in said patent, for which a reissue patent is sought on the invention entitled									
Blackjack Game System and	Metrious								
the specification of which									
X is attached hereto.									
was filed on as reissue ap	<u>. </u>	/							
(If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)									
by reason of a defective specification or drawing.									
by reason of the patentee claiming more or less than he had the right to claim in the patent.									
by reason of other errors.									
At least one error upon which reissue is based is descr									
Claims to the methods and apparatus patent at column 16, line 33 throughout presented.	ses described in t gh column 19, line	the original e 2 where							
[Attach additional sheets, if needed.]									
All errors corrected in this reissue application arose wit applicant.	hout any deceptive inten	ition on the part of the							

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE							Docket Number (Optional) FL12-047			
I hereby appoint all business in th Name(s) Randy A.	e Unite	d States Pate	ent and Tradem I	nt(s) to p ark Office Registration	conne	cted the	pplicatio erewith.	n and t	ransact	
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Correspondence	Addres	s: Direct all o	communications	about th	e appli	cation t	o:			
X Customer N	umber	02	21567					Place Customer Number Bar Code		
		Type Cus	tomer Number i	Here			Labe	l Here		
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I hereby declare statements mad were made with fine and impriso jeopardize the v	e on info the kno nment, o alidity o	ormation and wledge that work both, under the contractions and the contractions are contracted as the contractions are contracted as the contractions are contracted as the co	belief are belie willful false state r 18 U.S.C. 100	ved to be ements a 01, and th	e true; a nd the li nat such	nd furth ke so r willful	ner that t nade are false sta	hese si punish tement	latements nable by s may	
Full name of pe	rson sig	ning (given n	ame, family nar	ne)				·, ·		
	Sines	s, Vice-Pr	resident of	Digide			tion			
Signature	ani	n 1.	Junes			Date	10	10	1	
Address of Assi		<i>'</i>		20015			•			
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Patentee				Citizenship						
Steven I						U.S.	Α.			
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	Madel:	ia, Spokar	ne, WA 9920							
☐ Additional P	atentees	are named	on separately n	umbered	sheets	attache	ed hereto).		